



United States
Environmental Protection Agency
Washington, DC 20460

☐ Registration
☐ Amendment
☒ Other

OPP Identifier Number

Application for Pesticide - Section I

1. Company/Product Number Dow AgroSciences/62719-625	2. EPA Product Manager Venus Eagle	3. Proposed Classification <input checked="" type="checkbox"/> None <input type="checkbox"/> Restricted
4. Company/Product (Name) Dow AgroSciences/Transform® WG	PM# 7505P	
5. Name and Address of Applicant (Include ZIP Code) Dow AgroSciences LLC 9330 Zionsville Road Indianapolis, IN 46268 <input type="checkbox"/> Check if this is a new address	6. Expedited Review. In accordance with FIFRA Section 3(c)(3) (b)(i), my product is similar or identical in composition and labeling to: EPA Reg. No. _____ Product Name _____	

Section - II

<input type="checkbox"/> Amendment - Explain below.	<input type="checkbox"/> Final printed labels in response to Agency letter dated _____
<input type="checkbox"/> Resubmission in response to Agency letter dated _____	<input type="checkbox"/> "Me Too" Application.
<input type="checkbox"/> Notification - Explain below.	<input checked="" type="checkbox"/> Other - Explain below.

Explanation: Use additional page(s) if necessary. (For section I and Section II.)

Proposed Tolerance Petition for Sulfoxaflor for Rice, Avocado and Residential

PRIA Action R170, PRIA Fee: \$62,975

PRIA Action R230, PRIA Fee: \$25,168

Section - III

1. Material This Product Will Be Packaged In:				2. Type of Container	
Child-Resistant Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Soluble Packaging <input type="checkbox"/> Yes <input type="checkbox"/> No	Metal Plastic Glass Paper Other (Specify) _____		
* Certification must be submitted		If "Yes" Unit Packaging wgt.	No. per container	If "Yes" Package wgt.	No. per container
3. Location of Net Contents Information <input type="checkbox"/> Label <input type="checkbox"/> Container		4. Size(s) Retail Container		5. Location of Label Directions <input type="checkbox"/>	
6. Manner in Which Label is Affixed to Product <input type="checkbox"/> Lithograph <input type="checkbox"/> Paper glued <input type="checkbox"/> Stenciled		<input type="checkbox"/> Other _____			

Section - IV

1. Contact Point (Complete items directly below for identification of individual to be contacted, if necessary, to process this application.)					
Name Jamey Thomas		Title Regulatory Leader		Telephone No. (Include Area Code) 317-337-4138	
Certification I certify that the statements I have made on this form and all attachments thereto are true, accurate and complete. I acknowledge that any knowingly false or misleading statement may be punishable by fine or imprisonment or both under applicable law.					6. Date Application Received (Stamped)
2. Signature 		3. Title Regulatory Leader			
4. Typed Name Jamey Thomas © TM Trademark of The Dow Chemical Company ("Dow")		5. Date 15 Dec, 2014			